

Heart rate variability in electronic cigarette users

a randomized placebo-controlled crossover trial

Clothilde Claus

Promoteurs : Van de Borne Philippe (MD, PhD)

Co-promoteurs : Morra Sofia (MD) & Chaumont Martin (MD,PhD)

Variabilité de la fréquence cardiaque chez les utilisateurs de cigarette électronique

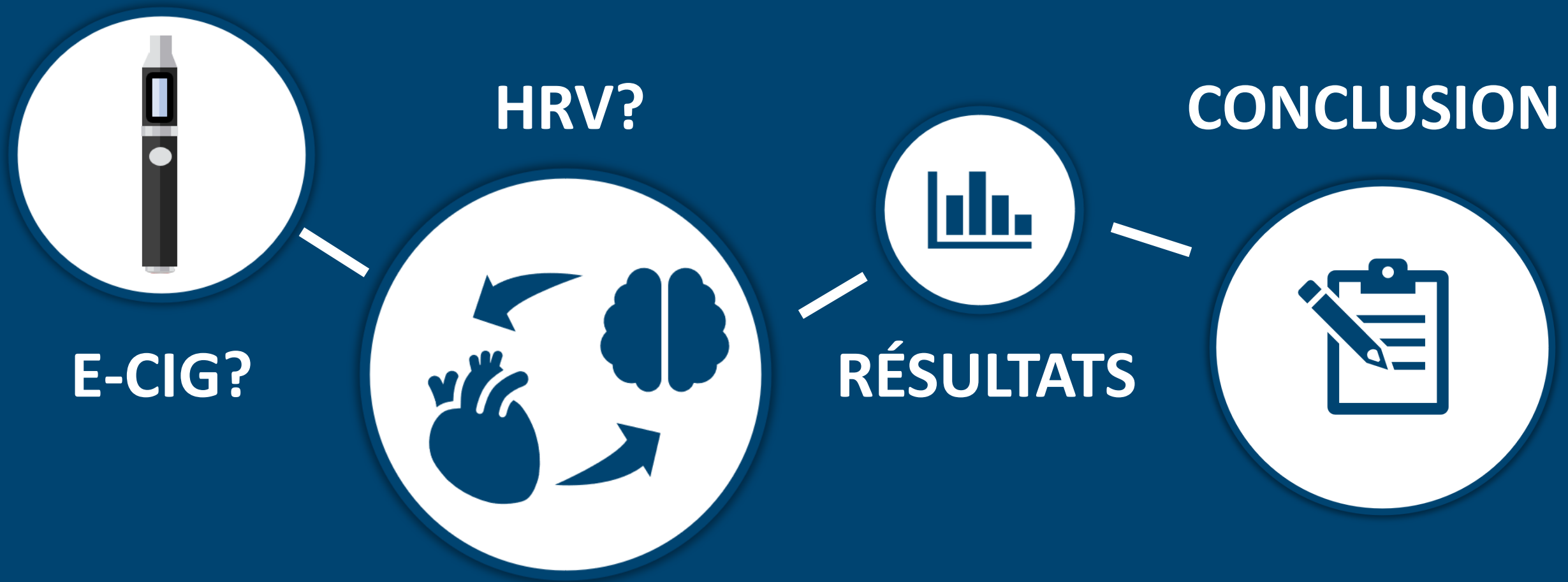
Un Essai croisé randomisé contrôlé par placebo

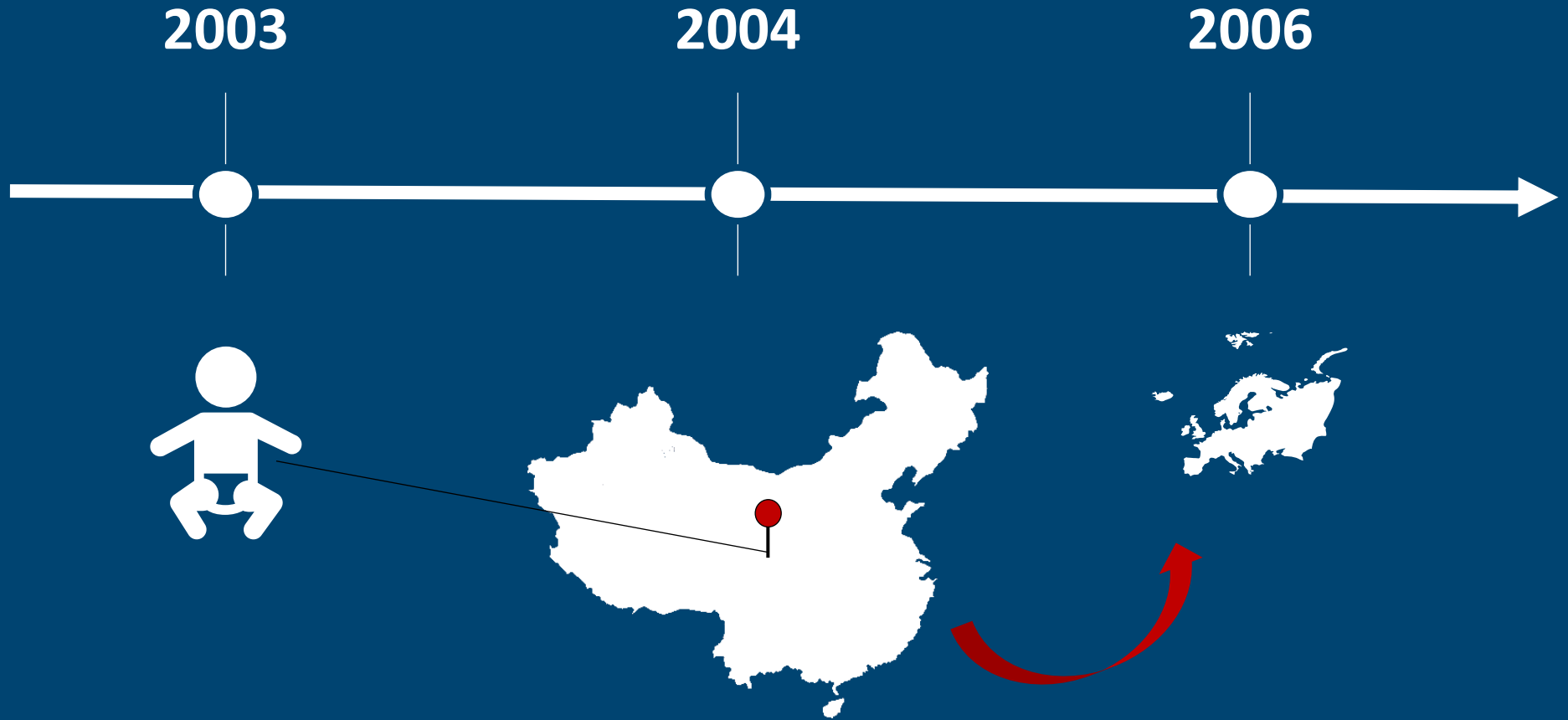
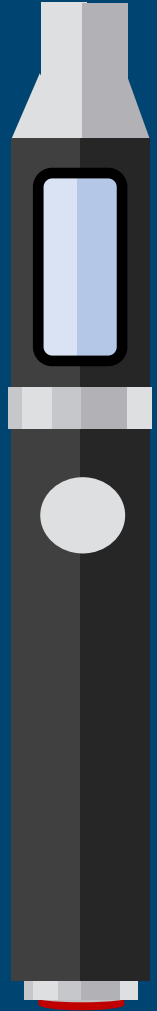
Clothilde Claus

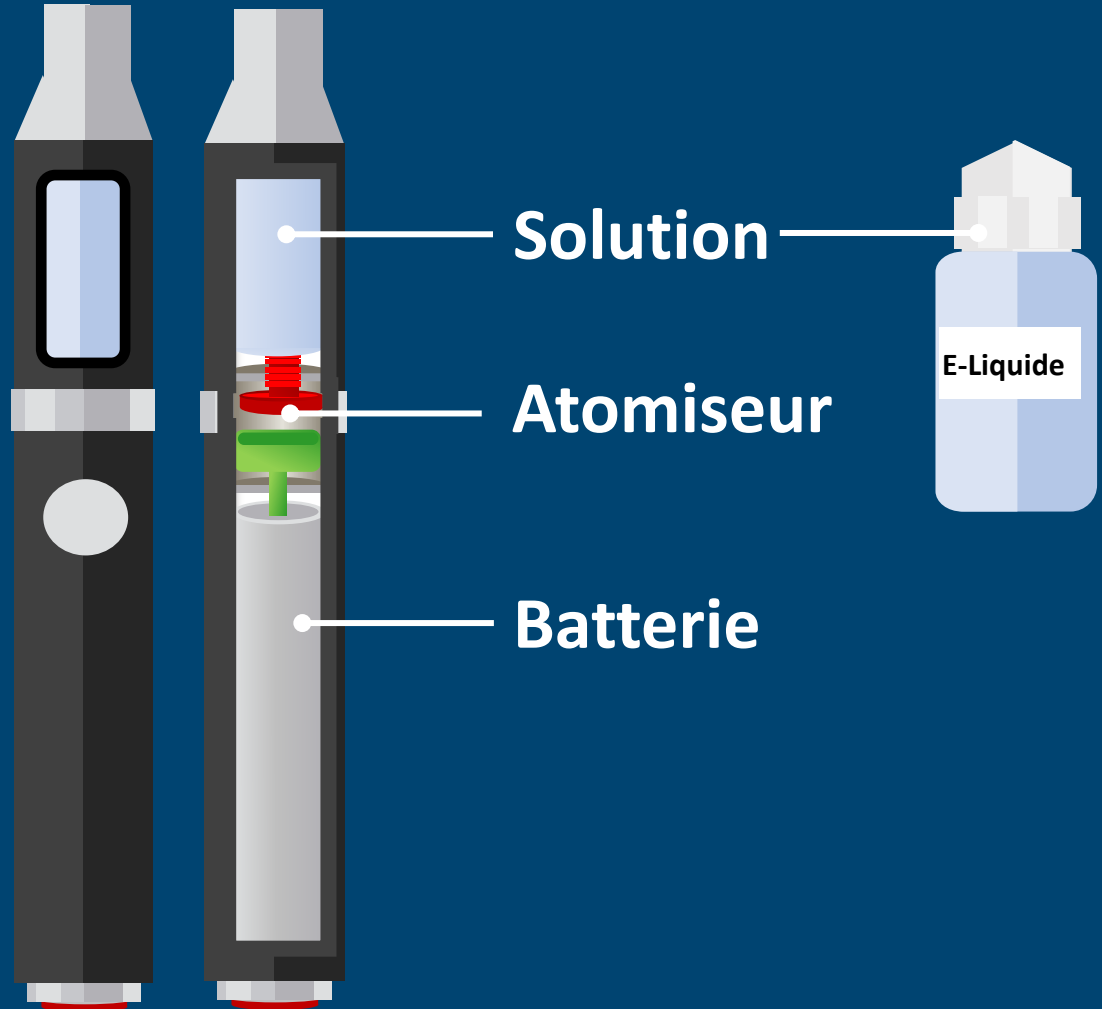
Promoteurs : Van de Borne Philippe (MD, PhD)

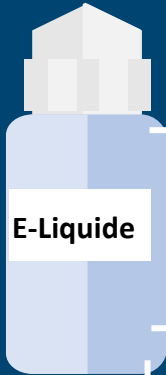
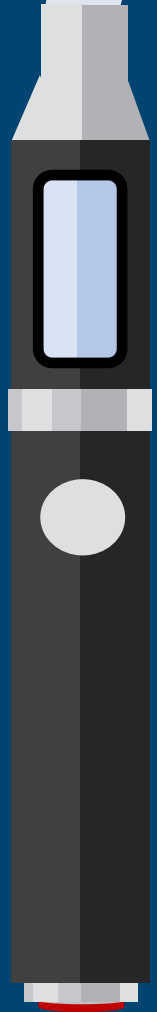
Co-promoteurs : Morra Sofia (MD) & Chaumont Martin (MD, PhD)

Variabilité de la fréquence cardiaque chez les utilisateurs de cigarette électronique









Arômes

> 7000 variétés sur la marché



Nicotine

Concentration Variable

Solvant

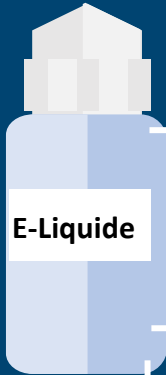
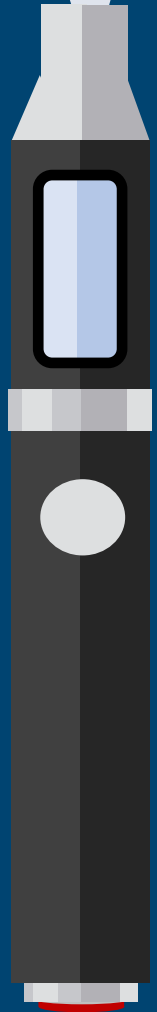
Propylène glycol (PG)



Glycérol (G)



Generally Recognized As Safe" compounds



Arômes

> 7000 variétés sur la marché



Nicotine

Concentration Variable

Solvant

Propylène glycol (PG)

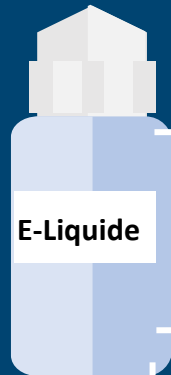


Glycérol (G)



Generally Recognized As Safe" compounds





Arômes

Nicotine

Solvant

Propylène glycol (PG)

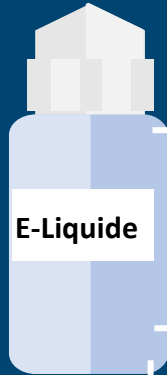
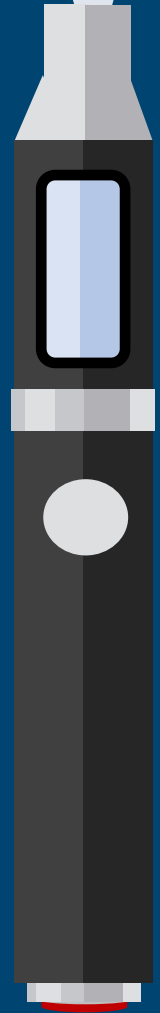
Glycérol (G)

Diacétyl
Benzaldéhyde
Cinnamaldéhyde
Acétoine,...

Nicotine

Formaldéhyde
Propionaldéhyde
Acétaldéhyde
Acroléine,...

+ Autres toxiques



Arômes

Nicotine

Delivery solvent

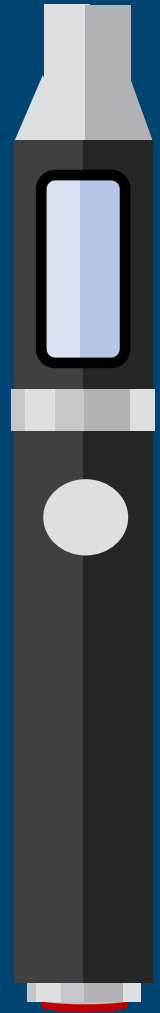
Propylène glycol (PG)

Glycérol (G)

Effets délétères connus

Contexte \neq E-cig





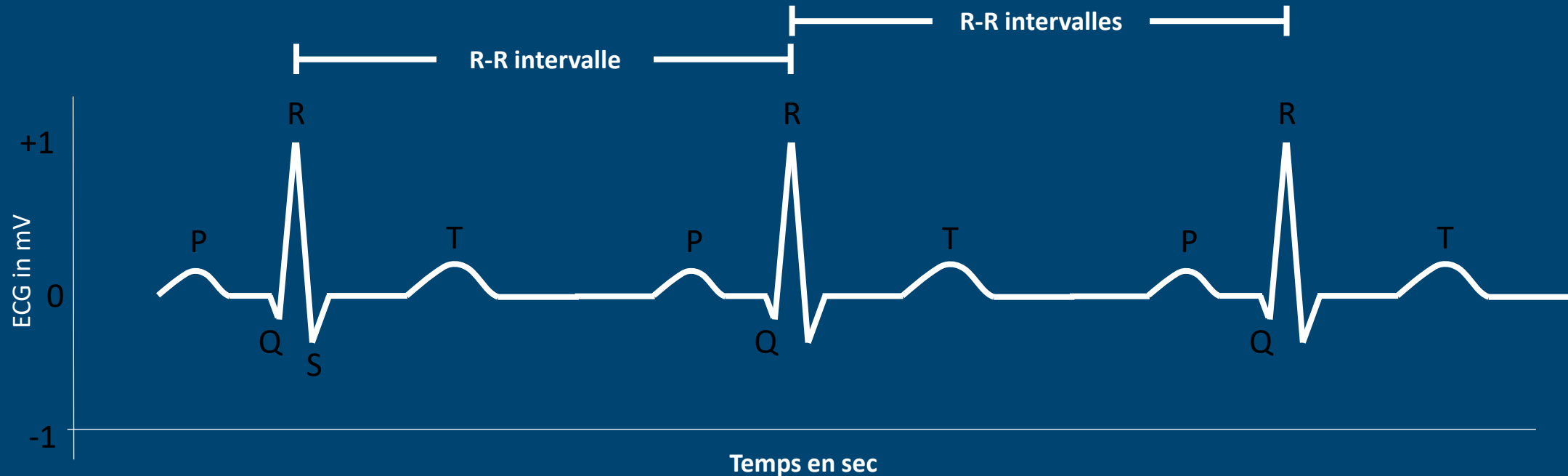
Effets délétères connus

Contexte ≠ E-cig

**Effets courts et
longs termes
limités**

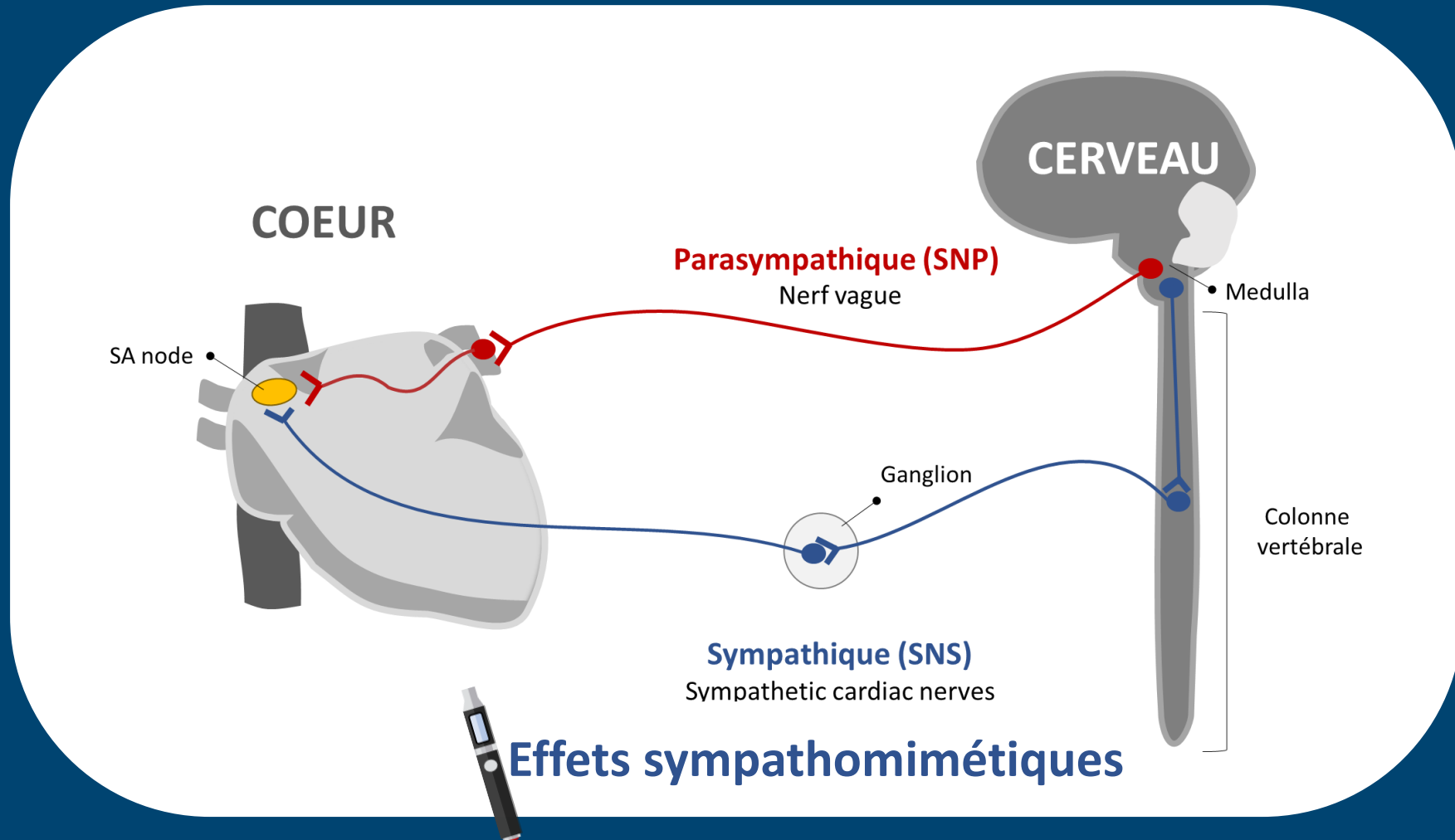


HRV = Variabilité de la fréquence cardiaque



=Variation des intervalles de temps entre 2 battements

HRV = Variabilité de la fréquence cardiaque





Effets sympathomimétiques



Impact Vapotage aigue / réversible

RESEARCH ARTICLE | *Electronic Cigarettes: Not All Good News?*

Short halt in vaping modifies cardiorespiratory parameters and urine metabolome: a randomized trial

● Martin Chaumont,^{1,2*} Vanessa Tagliatti,^{3*} El Mehdi Channan,^{1,2} Jean-Marie Colet,³ Alfred Bernard,⁴ Sofia Morra,^{1,2} Guillaume Deprez,⁵ Alain Van Muylen,⁶ Nadia Debbas,⁷ Thomas Schaefer,⁸ Vitale Faoro,⁹ and Philippe van de Borne^{1,2}

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Chaumont M, Tagliatti V, Channan EM, Colet JM, Bernard A, Morra S, Deprez G, Van Muylen A, Debbas N, Schaefer T, Faoro V, van de Borne P. Short halt in vaping modifies cardiorespiratory parameters and urine metabolome: a randomized trial. *Am J Physiol Lung Cell Mol Physiol* 318: L331–L344, 2020. First published November 13, 2019; doi:10.1152/ajplung.00268.2019. —Propylene glycol and glycerol are e-cigarette constituents that facilitate liquid vaporization and nicotine transport. As these small hydrophilic molecules quickly cross the lung epithelium, we hypothesized that short-term cessation of vaping in regular users would completely clear aerosol deposit from the lungs and reverse vaping-induced cardiorespiratory toxicity. We aimed to assess the acute effects of vaping and their reversibility on biological/clinical cardiorespiratory parameters [serum/urine pneumoproteins, hemodynamic parameters, lung-function test and diffusing capacities, transcutaneous gas tensions (primary outcome), and skin microcirculatory blood flow]. Regular e-cigarette users were enrolled in this randomized, investigator-blinded, three-period crossover study. The periods consisted of nicotine-vaping (nicotine-session), nicotine-free vaping (nicotine-free-session), and complete cessation of vaping (stop-session), all maintained for 5 days before the session began. Multiparametric metabolomic analyses were used to verify subjects' protocol compliance. Biological/clinical cardiorespiratory parameters were assessed at the beginning of each session (baseline) and after acute vaping exposure. Compared with the nicotine- and nicotine-free-sessions, a specific metabolomic signature characterized the stop-session. Baseline serum club cell protein-16 was higher during the stop-session than the other sessions ($P < 0.01$), and heart rate was higher in the nicotine-session ($P < 0.001$). Compared with acute sham-vaping in the stop-session, acute nicotine-vaping (nicotine-session) and acute nicotine-free vaping (nicotine-free-session) slightly decreased skin oxygen tension ($P < 0.05$). In regular e-cigarette-users, short-term vaping cessation seemed to shift baseline urine metabolome and increased serum club cell protein-16 concentration, suggesting a decrease in lung inflammation. Additionally, acute vaping with and without nicotine decreased slightly trans-

cutaneous oxygen tension, likely as a result of lung gas exchange disturbances.

electronic nicotine delivery systems; metabolomics; nicotine; pneumoproteins; transcutaneous oxygen tension

INTRODUCTION

Propylene glycol and glycerol, the main constituents of electronic-cigarette (e-cigarette) liquid (e-liquid), produce an aerosol when heated that carries flavoring and nicotine. High-wattage vaping, which enhances heat and aerosol production, is the modality of choice for regular users (vapers) (10–12, 57). High-wattage vaping, with and without nicotine, has been shown to induce transcutaneous hypoxia, constriction of the airways, and lung inflammation in healthy naive vapers (10, 12). The latter was marked by a rise in serum club cell secretory protein-16 (CC16) without a change in surfactant protein-D (10–12). Acute nicotine-free-vaping decreased partial pressure of arterial oxygen (P_{aO_2}) and the oxygen-hemoglobin fraction in heavy tobacco smokers (naïve vapers), suggesting lung gas exchange disturbances (12).

Propylene glycol and glycerol are small hydrophilic molecules that swiftly cross the lung epithelium (19, 21, 42). When vaped in large amounts, however, this aerosol can transiently accumulate deep in the lungs (42) and interact with the epithelium (50). This hygroscopic and hyperosmolar deposit could theoretically disrupt the rheological properties of surfactant and mucus (21, 23, 31, 49, 50, 52), resulting in bronchiolar and alveolar collapse and therefore impairments to lung gas exchange (40). This possibility is supported by *in vitro* and animal studies (26, 42, 43, 58, 59), but it is not known if it also occurs in humans (44). We hypothesized that short-term cessation of vaping in regular heavy e-cigarette-users would completely clear aerosol deposit from the lungs, with subsequent recovery of gas exchange and restoration of biological/clinical cardiorespiratory parameters. We also explored whether e-cigarette cessation for 5 days could shift serum and urine

* M. Chaumont and V. Tagliatti contributed equally to this work.
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Effets sympathomimétiques

+

Impact Vapotage aigue / réversible



Vapoteurs Réguliers

- ≥ 1 an E-cig
- Bonne santé
- ~~Traitement médicamenteux~~
- ~~Drogue récréative~~



Effets sympathomimétiques

+

Impact Vapotage aïgue / réversible



Vapoteurs Réguliers

3

Sessions Étudiées

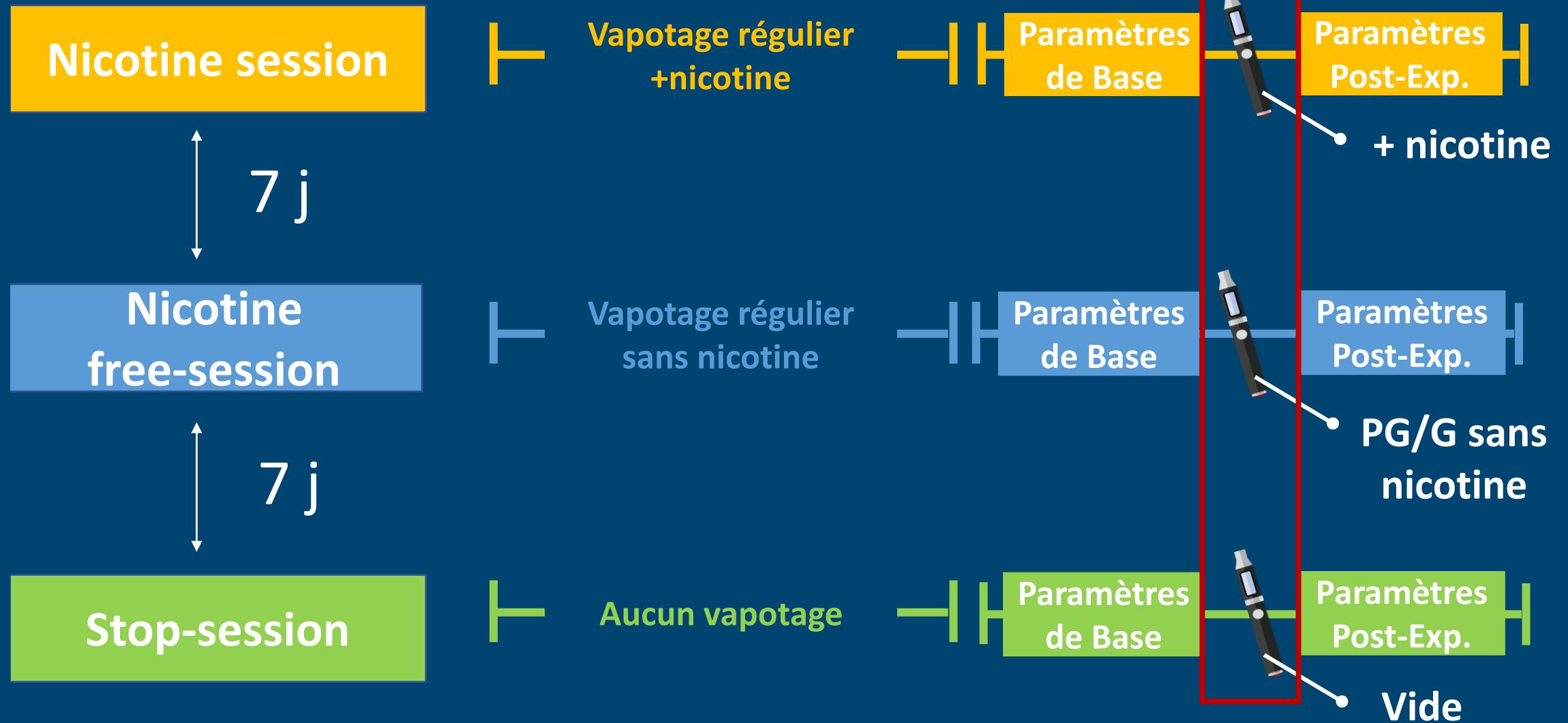
3

Sessions Étudiées


5 jours



Exposition aiguë



HRV analyses

Nicotine session

Nicotine free-session

Stop-session

Paramètres de Base

Exposition aigue

+5min

+30min

+50min

Paramètres Post-Exp.

+ nicotine

PG/G sans nicotine

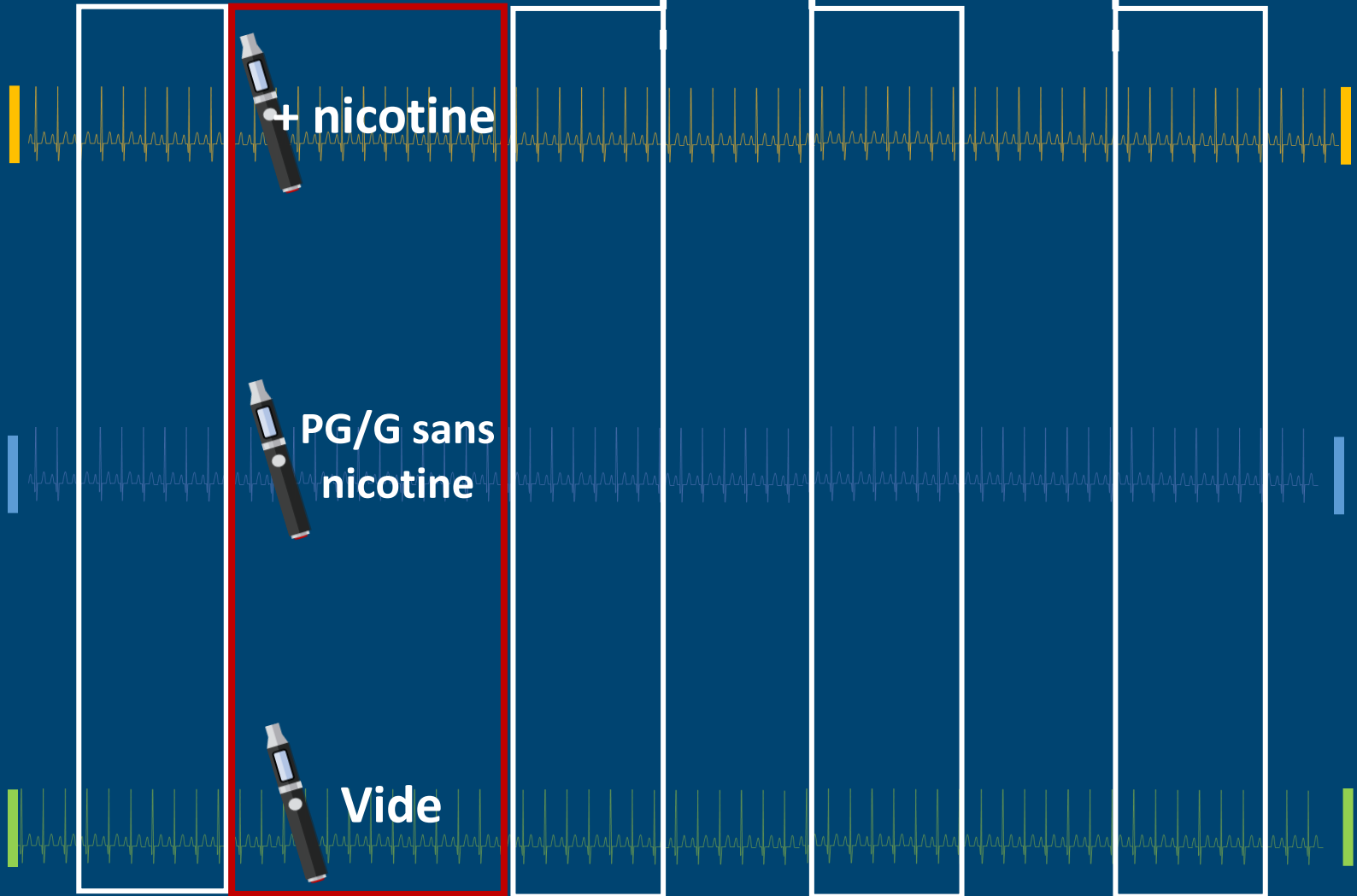
Vide

5min

5min

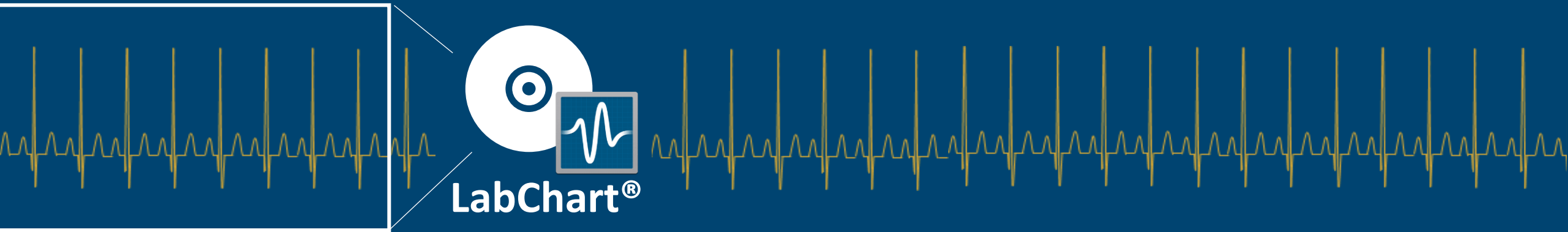
5min

5min



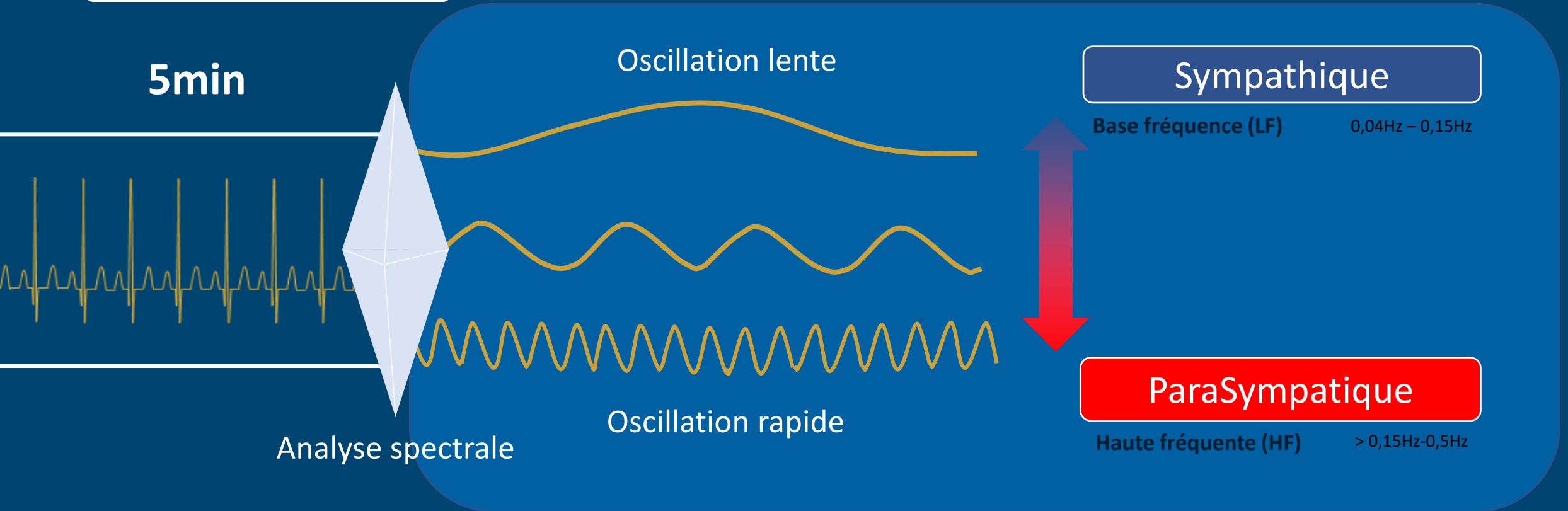
HRV analyses

5min



HRV analyses

5min



Analyse spectrale

Oscillation lente

Sympathique

Base fréquence (LF)

0,04Hz – 0,15Hz

Oscillation rapide

ParaSympatique

Haute fréquence (HF)

> 0,15Hz-0,5Hz

Domaine temporel

Domaine Fréquentiel

OBJECTIFS

- ❑ Effets **ARRÊT COURT** vapotage avec/sans nicotine sur HRV chez utilisateurs réguliers de e-cig
- ❑ Effets **utilisation aïgue du** vapotage avec/sans nicotine sur HRV chez utilisateurs réguliers de e-cig.

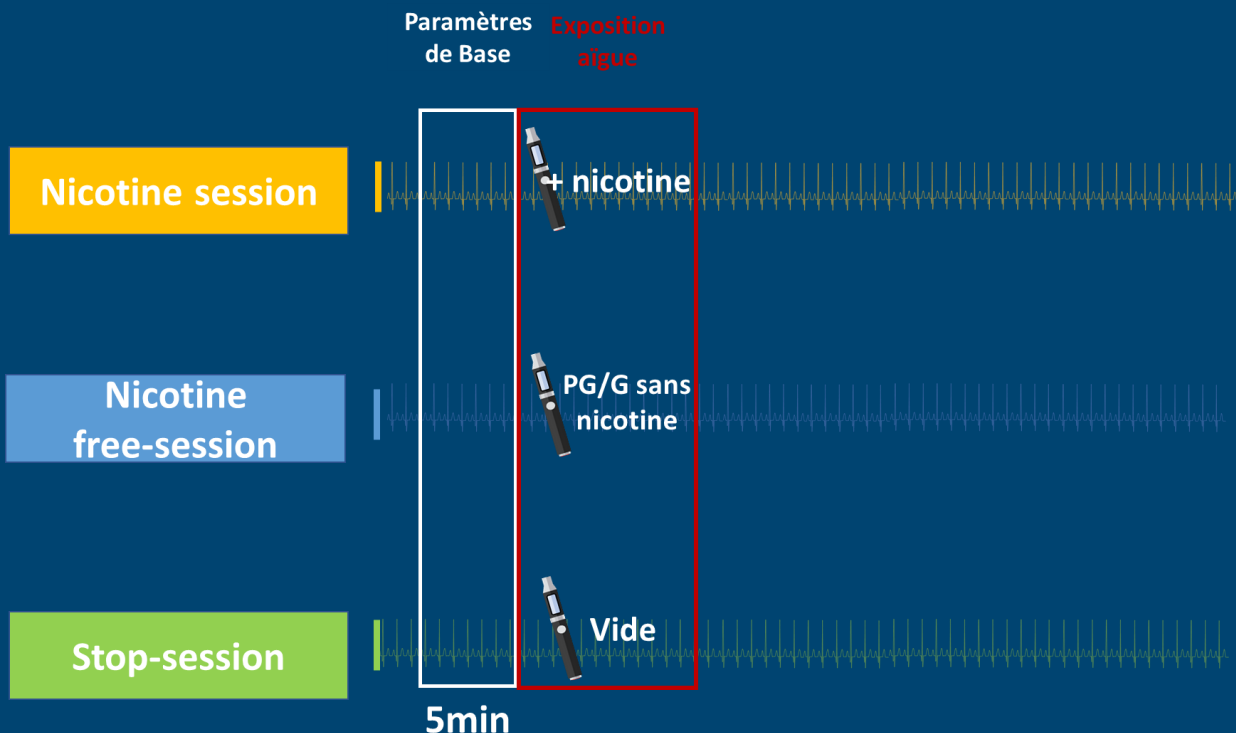
Résultats

Méthode: domaine fréquentiel

- Étude des Baselines
- Étude des Baselines vs paramètres post-exposition
- Étude HRV/session

Résultats

- Étude des Baselines



Méthode: domaine fréquentiel

Table 1 –Comparison of HRV baseline parameters between sessions

| HRV parameters | Nicotine session ^A | Nicotine-free session ^B | Stop session ^C | p ^{AvsB} | p ^{AvsC} | p ^{BvsC} |
|--------------------------------|-------------------------------|------------------------------------|---------------------------|-------------------|-------------------|-------------------|
| HR (bpm) | 67.3 ± 1.7 | 64.2 ± 1.8 | 64.1 ± 1.6 | 0.053 | 0.004 | 0.32 |
| Total Power (ms ²) | 6800 [4929-18953] | 8617 [5487-15675] | 5533 [3468-14720] | 0.07 | 0.09 | 0.92 |
| LF Power (nu) | 51.7 ± 4.3 | 52.7 ± 4.3 | 58.0 ± 4.4 | 0.81 | 0.23 | 0.37 |
| HF Power (nu) | 44.7 ± 3.6 | 44.6 ± 3.8 | 40.2 ± 4.0 | 0.91 | 0.34 | 0.34 |
| LF/HF (nu) | 1.1 [0.8-2.2] | 0.9 [0.6-2.9] | 1.4 [0.9-3.1] | 0.82 | 0.46 | 0.34 |

HRV, heart rate variability; HR, heart rate; LF, low frequency; HF, high frequency; LF/HF ratio. Data are presented as mean ± SD or median [P25-P75] according to data distribution.

Arrêt à court terme

→ Pas d'impact sur la HRV

→ Impact sur la fréquence cardiaque (HR)

Résultats

Méthode: domaine fréquentiel

- Étude des Baselines vs paramètres post-exposition

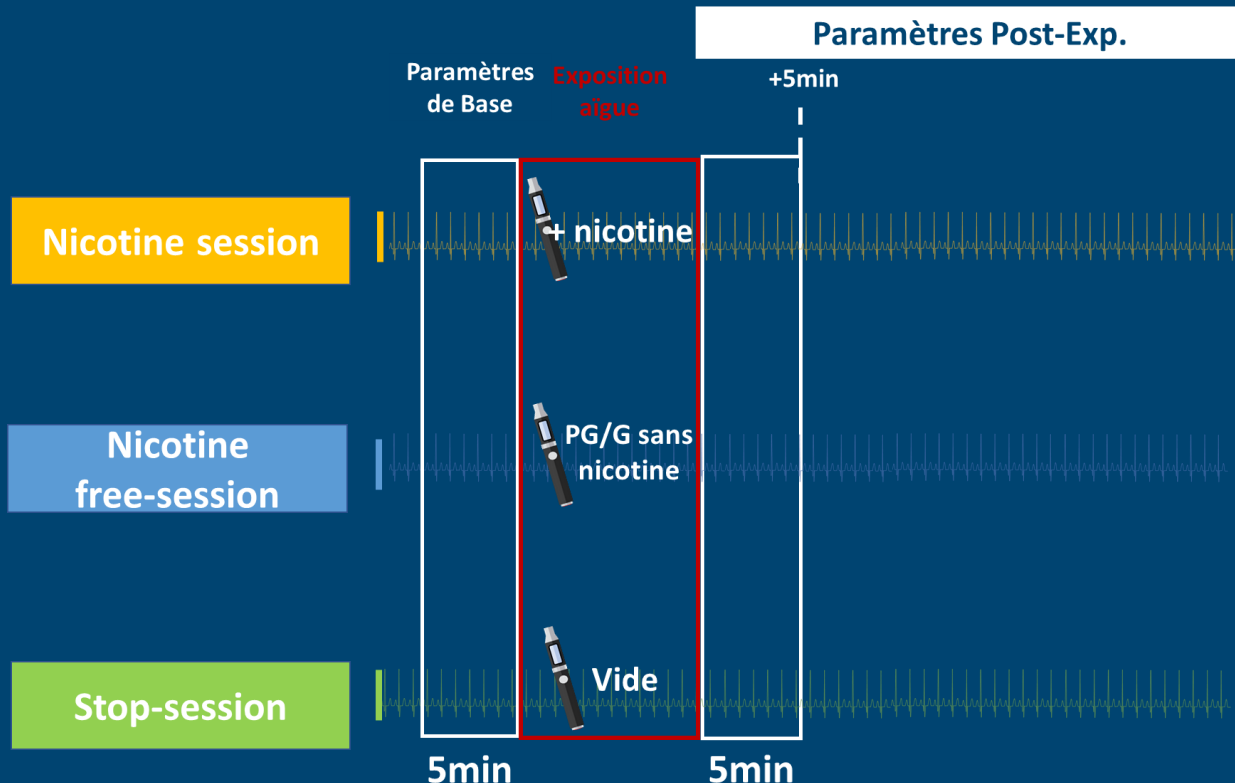


Table 3 – Comparison of the difference (Δ) of acute vaping values with BSL values between sessions.

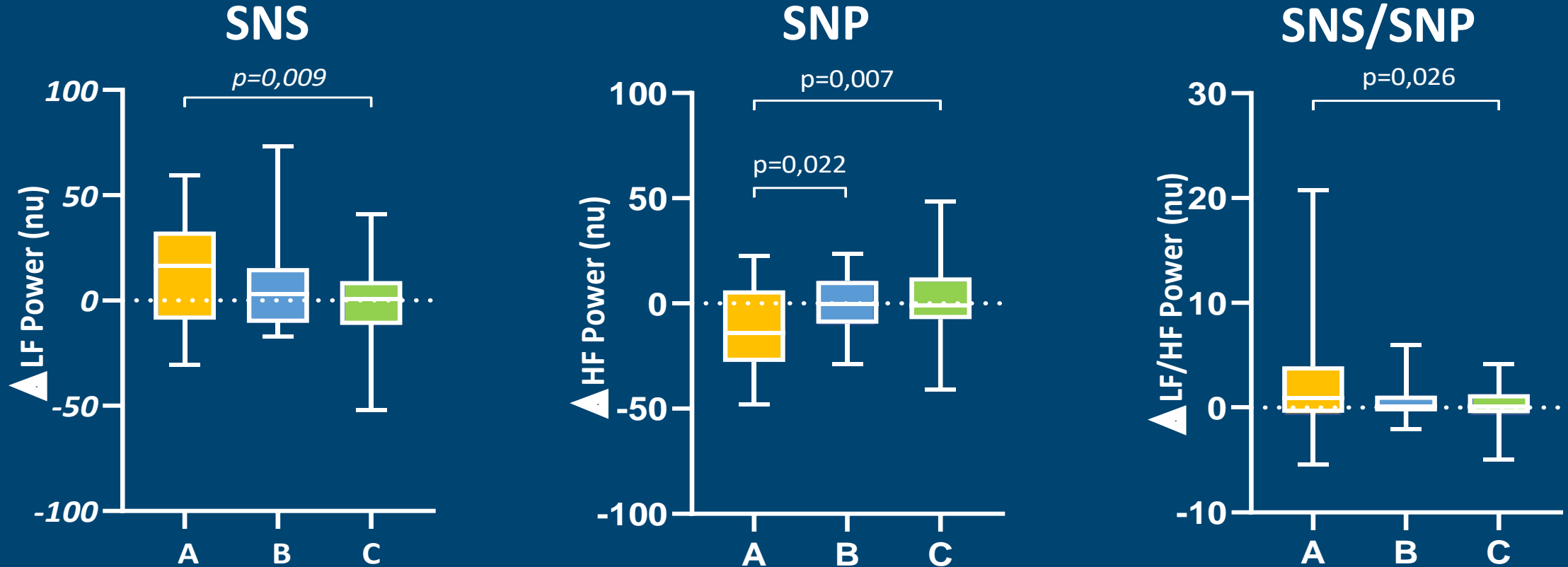
| HRV parameters | Nicotine session ^A | Nicotine-free session ^B | Stop session ^C | p ^{AvsB} | p ^{AvsC} | p ^{BvsC} |
|---|-------------------------------|------------------------------------|---------------------------|-------------------|-------------------|-------------------|
| Δ HR (bpm) | 5.8 [2.9; 13.5] | - 0.6 [-1.9; 1.5] | 0.3 [-1.3; 2.1] | 0.041 | 0.002 | 0.9 |
| Δ Total Power (ms ²) | -3517 [-11669 ; 403] | -1224 [-4403 ; 1435] | -207 [-2744 ; 2273] | 0.29 | 0.19 | 0.16 |
| Δ LF Power (nu) | 16.3 [-9.1 ; 32.8] | 3.1 [-10.6 ; 15.4] | 0.8 [-11.7 ; 9.2] | 0.18 | 0.009 | 0.13 |
| Δ HF Power (nu) | -13.9 [-27.7 ; 6.3] | -0.14 [-9.6 ; 10.8] | -0.8 [-7.4 ; 12.4] | 0.022 | 0.007 | 0.39 |
| Δ LF/HF (nu) | 0.9 [-0.5 ; 3.9] | 0.07 [-0.37 ; 1.15] | 0.1 [-0.5 ; 1.3] | 0.09 | 0.026 | 0.12 |

HRV, heart rate variability; HR, heart rate; LF, low frequency; HF, high frequency; LF/HF ratio. Data are presented as median [P25-P75] according to data distribution.

n=30, test Bonferroni's correction

Résultats

Méthode: frequency-domain



- Nicotine session
- Nicotine free-session
- Stop session

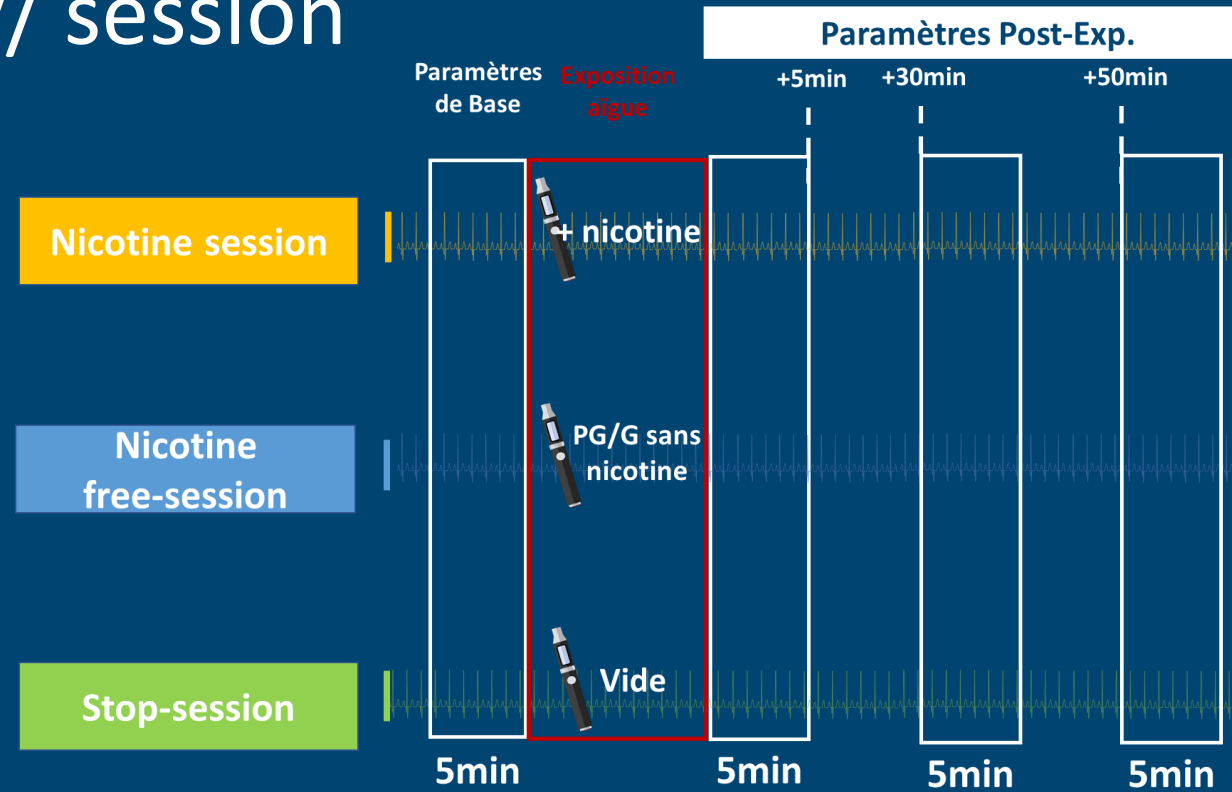
L'exposition aiguë à la nicotine ↑ l'activité du SNS

n=30, test Bonferroni's correction

Résultats

Méthode: domaine fréquentiel

- Étude HRV/ session

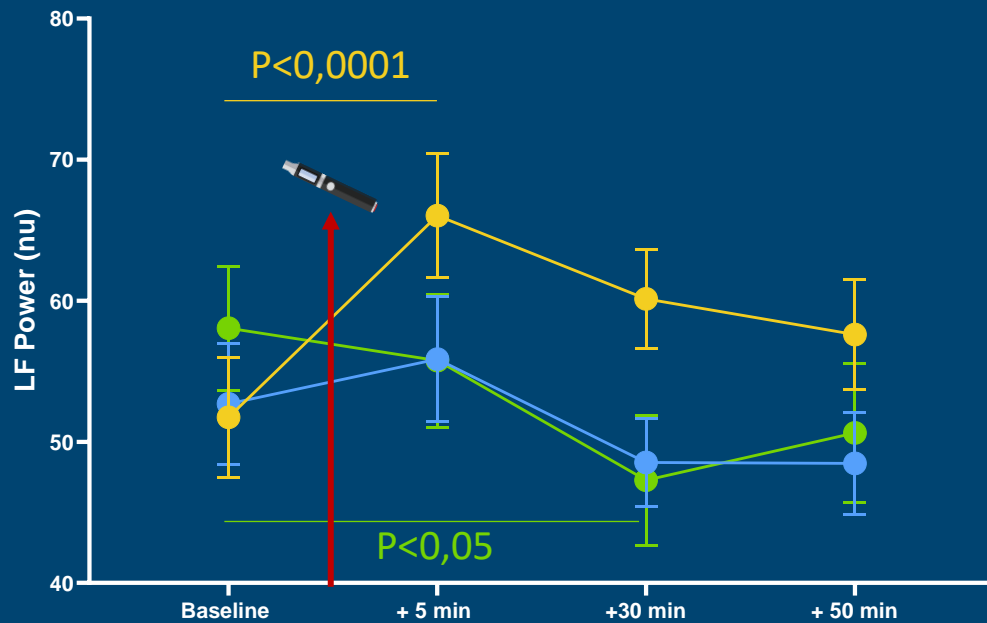


n=30, test Bonferroni's correction

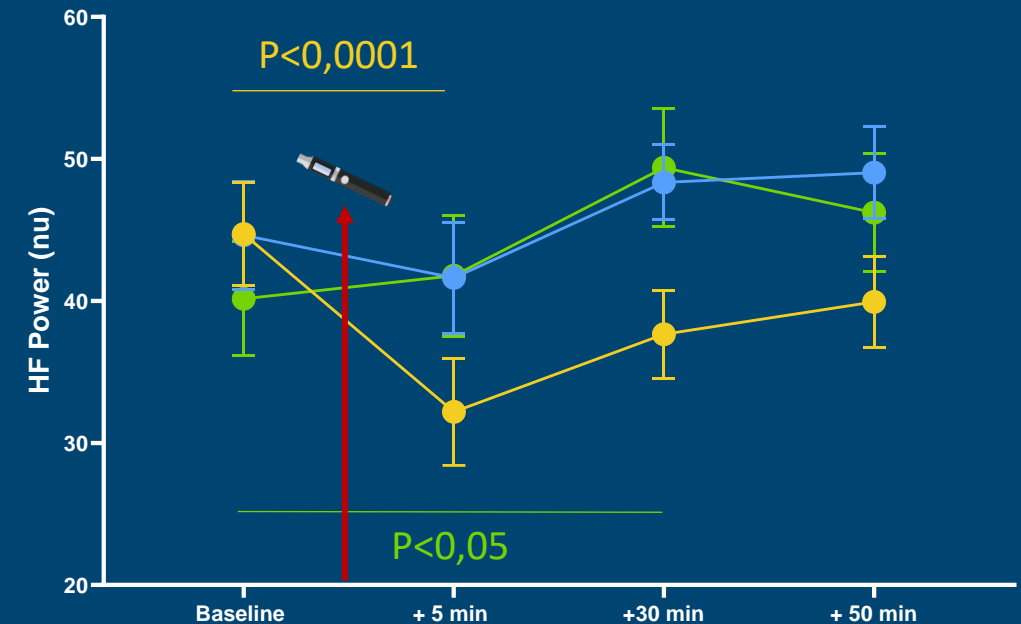
Résultats Principaux

Méthode: frequency-domain

Sympathique



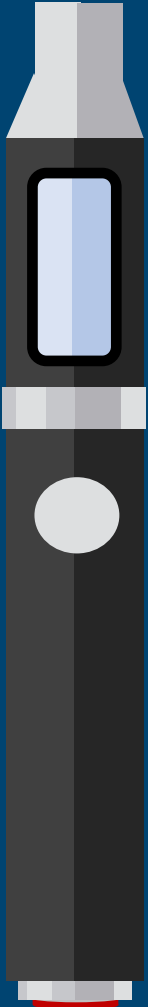
Parasympathique



- Nicotine session
- Nicotine free-session
- Stop session

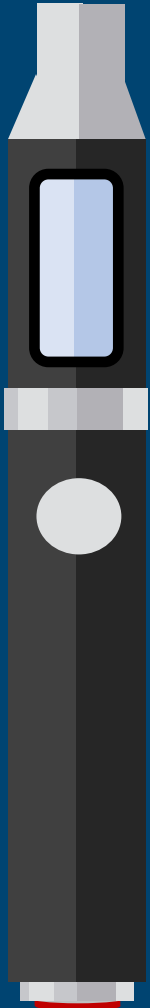
n=30, test Bonferroni's correction

Conclusions & Perspectives



- L'exposition aiguë à la nicotine \uparrow l'activité du SNS.
- Prédominance SNS $<$ Nicotine et non des autres composants.
- Arrêt à court terme pas d'impact sur le HRV.

Conclusions & Perspectives

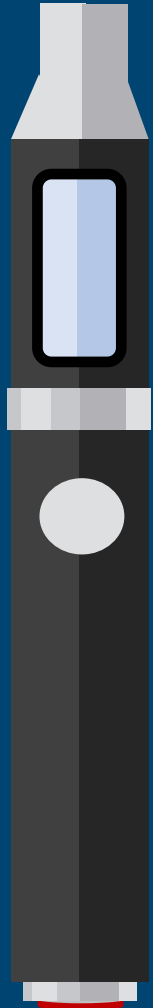


- L'exposition aiguë à la nicotine \uparrow l'activité du SNS.
- Prédominance SNS < Nicotine et non des autres composants.
- Arrêt à court terme pas d'impact sur le HRV.

Impact de l'arrêt à long terme /réversibilité de l'effet de la E-cig et sa prédominance sur le SNS ?

Références

- Dia 3 Image from -<https://www.spreadshirt.com/shop/design/hon+lik+vape+godfather+vaping+e-juice+new+hot+mens+t-shirt-D5d89f4942051762642236033?sellable=JkpXG977pYIZGm1Yxw1g-210-7Caponnetto>
Caponnetto P et al., *Expert Rev Respir Med*. 2012; 6(1):63-74
- Dia 5-7 Sears et al. *Int J Environ Res Public Health*. 2017 Oct; 14(10): 1274.; Cigarettes, Toxicology of E-Cigarette Constituents. Washington (DC): National Academies Press (US); 2018.; Rawlinson et al., *Journal of chromatography A*. 2017;1497:144-54.; Herrington JS, Myers C. *Journal of chromatography A*. 2015;1418:192-9; Lee MS, et al. , *Environ Health*. 2017;16(1):42; Williams et al, *PloS one*. 2017;12(4):e0175430; Ogunwale et al., *ACS omega*. 2017;2(3):1207-14; Flora. J, *Chromatogr Sci*. 2017;55(2):142-148; El-Hellani A et al. *Nicotine Tob Res*. 2018;20(2):215-223. Gillman et al., *Regul Toxicol Pharmacol*. 2016;75:58-65. Uchiyama et al., *Method. Anal Sci*. 2016;32(5):549-55. Khlystov et al., *Environ Sci Technol*. 2016 ;50(23):13080-13085. Goniewicz et al., *Tob Control*. 2014 ;23(2):133-9.; National Academies of Sciences, Engineering, and Medicine. *Public Health Consequences of E-Cigarettes, Nicotine*. Washington (DC): National Academies Press (US); 2018.
- Dia 10 ChuDuc et al., *APCBEE Procedia* 2013;7:80-85; Zeger SL et al., *Annu Rev Public Health*. 2006;27:57-79; Rajendra Acharya et al., *Med Biol Eng Comput*. 2006;44(12):1031-51. Gupta AK et al., *Nephron Physiol* . 2013;124(3-4):14-27.
- Dia 11 McCraty R and Shaffer F. *Glob Adv Health Med*. 2015; 4(1): 46–61; Gibbons CH. *Handb Clin Neurol*. 2019;160:407-418.; Research - Recommendations for Experiment Planning, Data Analysis, and Data Reporting. *Front Psychol*. 2017 ;8:213. Ernst, *Front Public Health*. 2017;5:240. Buccelletti et al., *Eur Rev Med Pharmacol Sci*. 2009;13(4):299-307. Huikuri HV and Stein PK. *Prog Cardiovasc Dis* 2013; 56 (2): 153-159; Song et al., *BMC Cardiovasc Disord*. 2014; 14: 59.
- Dia 12 Debbas et al., *Sci Rep* 2018;8:10378; Chaumont et al., *Am J Physiol Lung Cell Mol Physiol*. 2020; 318(2): L331–L344.
Chaumont et al., *Am J Physiol Lung Cell Mol Physiol*. 2019 May 1;316(5):L705-L719.; Chaumont et al. *Am J Respir Crit Care Med*. 2018 ;198(1):123-126.
- Dia 13 Chaumont et al., *Am J Physiol Lung Cell Mol Physiol*. 2020; 318(2): L331–L344.
- Dia 15-16 Heart rate variability. Standards of measurement, physiological interpretation, and clinical use. *Eur Heart J*. 1996;17(3):354-81.
Järvelin-Pasanen et al., *Ind Health*. 2018; 56(6): 500–511; Shaffer F et al. *Front Public Health*. 2017; 5: 258
- Dia 17 Moheimani et al., *J Am Heart Assoc* 2017; 6:e006579; Moheimani et al., *JAMA Cardiol*. 2017 ;2(3):278-284; Arastoo et al., *Am J Physiol Heart Circ Physiol*. 2020 Aug 1;319(2):H262-H270.



Merci pour votre attention.

Exposition aïgue _ E-cig utilisée



A fourth-generation e-cigarette set at 60 W [Alien 220 box mod, TFV8 baby beast tank and a dual Kanthal coil (V8 Baby-Q2 Core; 0.4Ω dual coils); Smoke, Shenzen, China) with MXJO (Mxjotech, Shenzen, China) mAh 35A variable voltage/variable wattage batteries.

Nicotine session

NICOTINE at a concentration of 1.5 mg/mL.
+ **GLYCOL/GLYCEROL** was mixed by the pharmacy at Erasme University Hospital (50:50 vol/vol; pharmaceutical grade; Fagron, Waregem, Belgium)

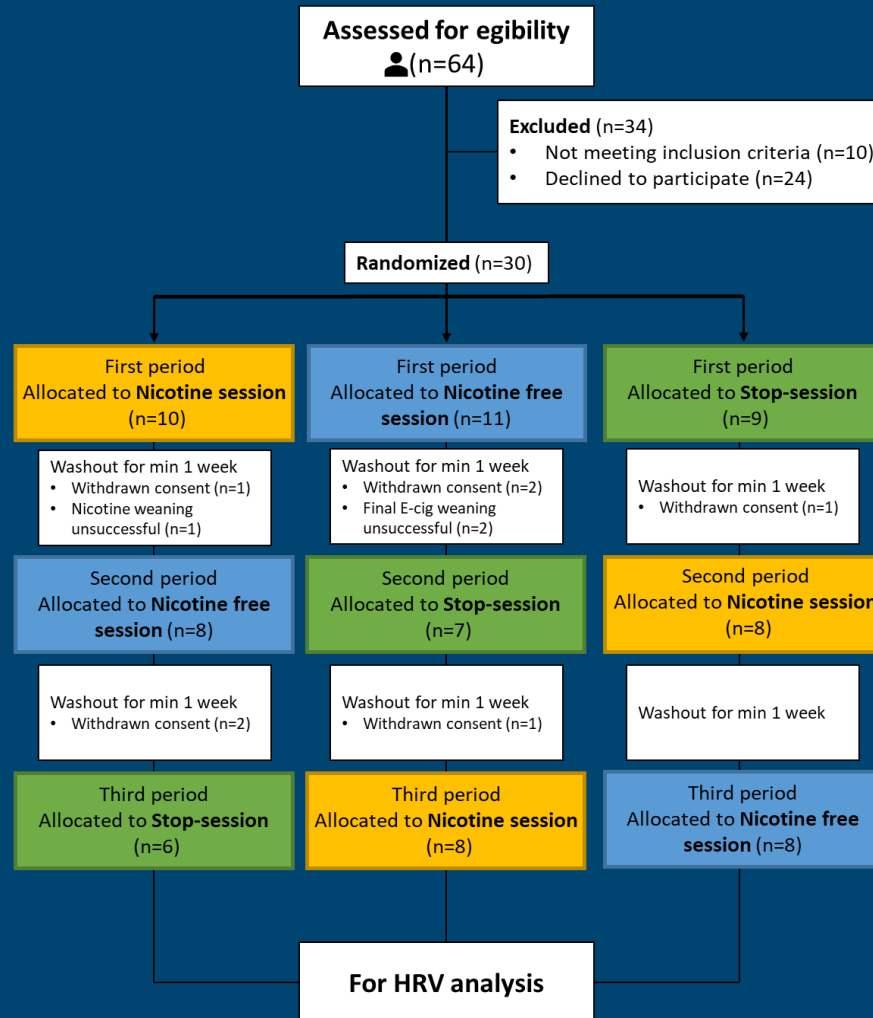
Nicotine free-session

NICOTINE
+ **GLYCOL/GLYCEROL** was mixed by the pharmacy at Erasme University Hospital (50:50 vol/vol; pharmaceutical grade; Fagron, Waregem, Belgium)

Stop-session

Sham-vaping was identical to active vaping but with the e-cigarette turned off

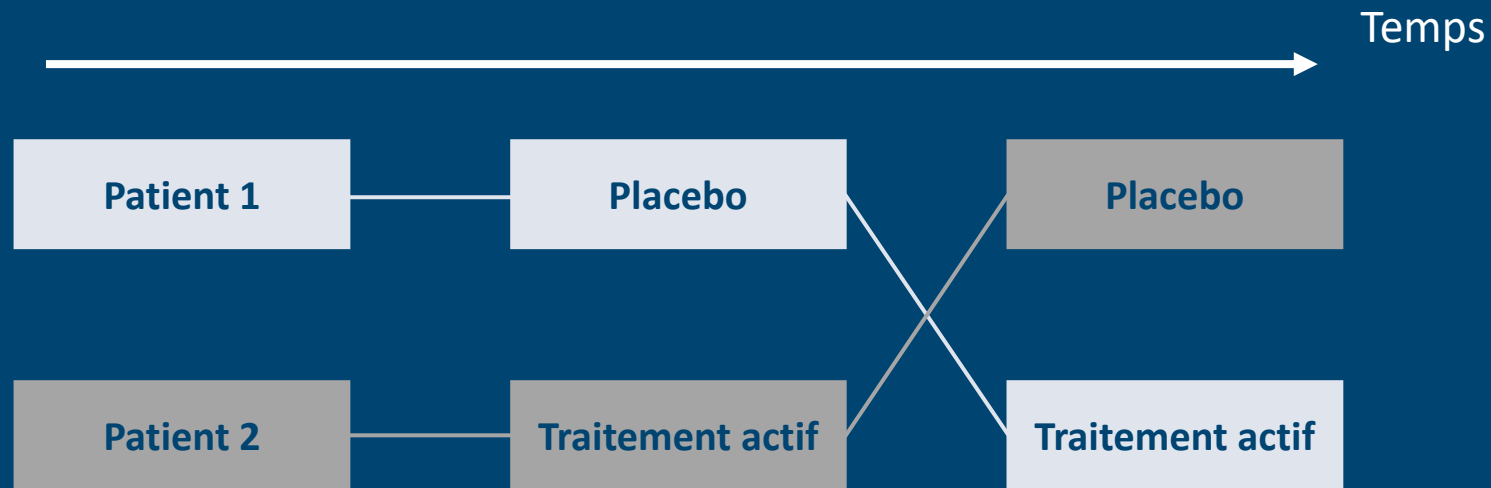
75 sessions étudiées



Essai croisé (“cross-over”)

- Patient = son propre témoin

Successivement traitement étudié + traitement contrôle → Ordre aléatoire



- > Essai en bras // à effectif identique
- 2 fois moins de patients nécessaires
- Diminue la variabilité (chaque patient est son propre témoin)



- Nécessite que l'état des patients soit similaire en début des 2 périodes
- Maladies chroniques
- Médicaments non curatifs
- 2 fois plus long (2 périodes de traitement + wash-out)
- Risque d'arrêt prématuré, de sortie d'essai, de perdus de vue
- Effet « carry over » (intérêt du wash-out)
- Effet période (apprentissage)

Méthode Time-domain/ domaine temporel

- Méthode + ancienne
- Déterminer la fréquence cardiaque à tout instant t

→ USE: étude HRV long terme

Expl: Variables dérivées directement de la mesure des intervalles R-R:

Table 1 - Description of time-domain parameters used in this work. Based on [122,124,125].

| HRV Parameters | Units | Description | Physiological Interpretation |
|----------------|-------|--|---|
| RR | ms | The mean interval between two heartbeats (R spikes in ECG). | Reflect PNS |
| HR | bpm | The mean heart rate. | - |
| SDRR | ms | The standard deviation of all normal RR intervals is the square root of variance (demonstrates overall HRV). | Reflect the overall ANS activity. |
| CVRR | % | The coefficient of variance of RR intervals | Indicates the total HRV without respiratory influence. |
| RMSSD | ms | The square root of the average of squared differences between the successive R-R intervals | Higher values indicate increased PNS activity |
| RR50 | - | The number of consecutive RR interval pairs differ by more than 50 ms in the entire recording | Reflects HF variability. Higher values indicate increased PNS activity. |
| pRR50 | % | The percentage of RR50 divided by the total number of RR intervals | Reflects HF variability. Higher values indicate increased PNS activity. |

Méthode frequency-domain/ domaine fréquentiel

- Méthode mathématique permettant de déceler les différentes oscillations d'un rythme

→ USE: étude HRV court terme

4 composantes spectrales

- Hautes fréquences (HF)
- Basses fréquences (LF)
- Très basses fréquences (VLF)
- Ultra basses fréquences (ULF)

Table 1 – Description of frequency-domain parameters used in this work. Based on [122].

| HRV Parameters | Units | Description | Physiological Interpretation |
|--------------------|-----------------|--|---------------------------------------|
| Total Power | ms ² | Total variance corresponding to the sum of the four spectral bands, LF, HF, ULF and VLF. | Reflects overall ANS activity. |
| LF Power | ms ² | Low-frequency power (frequency range 0.04–0.15 Hz) | Marker of SNS activity. |
| LF Power | % | Percentage of LF power, representing the relative power in proportion to the total power: LF power/Total power × 100. | |
| LF Power | nu | LF power in normalized units (n.u.), representing the relative power in proportion to the total power minus the power of the VLF component: LF power/ (Total power – VLF power). | |
| HF Power | ms ² | High-frequency power (frequency range 0.15–0.4 Hz) (synchronous with respiration) | Marker of PNS activity. |
| HF Power | % | Percentage of HF power represent the relative power in proportion to the total power, HF power/Total power ×100% | |
| HF Power | nu | HF power in normalized units (n.u.) represent the relative power in proportion to the total power minus the power of the VLF component, HF power/ (Total power – VLF power) | |
| LF/HF | nu | Ratio of LF-to-HF relative power in normal units | Marker of global SNS and PNS balance. |

Transformation de Fourier

La transformation de Fourier \mathcal{F} est une opération qui transforme une **fonction intégrable** sur \mathbb{R} en une autre fonction, décrivant le **spectre fréquentiel** de cette dernière. Si f est une fonction intégrable sur \mathbb{R} , sa transformée de Fourier est la fonction $\mathcal{F}(f) = \hat{f}$ donnée par la formule :

$$\mathcal{F}(f) : \xi \mapsto \hat{f}(\xi) = \int_{-\infty}^{+\infty} f(x) e^{-i\xi x} dx.$$

Variabilité de la fréquence cardiaque (HRV)

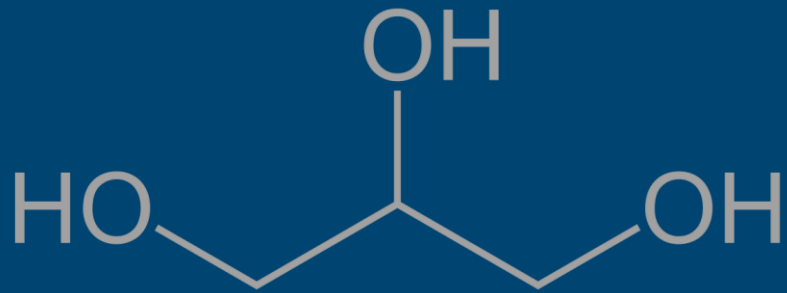
Fluctuation du rythme cardiaque au cours du temps entre deux battements consécutifs, et dépend essentiellement de la régulation extrinsèque de la fréquence cardiaque.

- Reflet de l'activité du SNA
- Méthode non invasive / reproductible
- **Biomarqueur** pour le diagnostic et le suivi évolutif de multiples pathologies chez l'homme
 - ↓ HRV = indice clinique/prédicteur de risque
 - Pathologies cardiovasculaires (maladies coronariennes, Hypertension artérielle,...)
 - Affectations métaboliques (obésité, diabète, IRC)

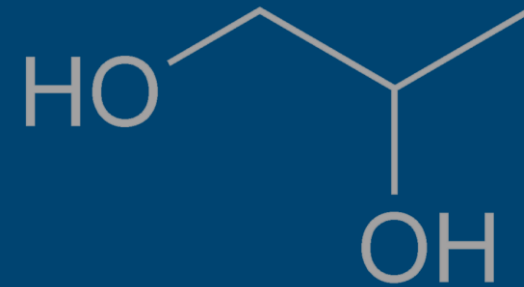
+ Stress

Dépendance (fumeur activité SNS↑ , nouveaux né exposé à forte dose de nicotine)

Glycérol - Propylène Glycol



- Liquide incolore
- Visqueux
- Inodore
- Goût sucré,
- Utilisé dans de nombreuses compositions pharmaceutiques.



- Utilisé à faible dose comme additif alimentaire

Bonferroni-Holm

Utilisée pour contrer le problème des comparaisons multiples .

Elle est destinée à contrôler le taux d'erreur par famille et offre un test simple uniformément plus puissant que la correction de Bonferroni .

Il porte le nom de Sture Holm , qui a codifié la méthode, et de Carlo Emilio Bonferroni .